

MICHIGAN DEPARTMENT OF AGRICULTURE  
 FOOD AND DAIRY DIVISION  
 DAIRY SECTION  
 P.O. BOX 30017  
 LANSING, MI 48909

FOR DEPARTMENT USE ONLY
LICENSE #
DATE PRINTED
EXPIRATION DATE

- |   |   |
|---|---|
| <input type="checkbox"/> Fluid Milk     | <input type="checkbox"/> Wash Station     |
| <input type="checkbox"/> Frozen Dessert | <input type="checkbox"/> Receiving Stn.   |
| <input type="checkbox"/> Condensed/Dry  | <input type="checkbox"/> Transfer Stn.    |
| <input type="checkbox"/> Cheese         | <input type="checkbox"/> Milk Distributor |
| <input type="checkbox"/> Single Service |   |

**GRADE A MILK PLANT LICENSE APPLICATION**

(In accordance with Act 266, PA 2001)

FEDERAL ID NO. \_\_\_\_\_

LEGAL NAME / DBA / TRADE NAME	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	STATE I.D. # <b>26 -</b>
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STREET/ROAD ADDRESS	TELEPHONE ( )
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CITY	ZIP CODE	FAX ( )
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LICENSEE / OWNER(S) / PRINCIPAL STOCK HOLDERS OWNING IN EXCESS OF 35% OF STOCK:	COUNTY	FISCAL YEAR END (Mo./Day)
1. _____ 2. _____		
3. _____ 4. _____		

HIGHEST MONTHLY VOLUME OF MILK RECEIVED IN PAST 12 MONTHS OR HIGHEST ANTICIPATED VOLUME FOR NEXT 12 MONTHS: \_\_\_\_\_ **lb.**

NAME OF FINANCIAL INSTITUTION MILK CHECKS ISSUED THROUGH: \_\_\_\_\_

NAME/LOCATION OF PRODUCER ASSOCIATION(S) USED (attach additional sheets if necessary)

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

ATTACH LIST OF INDIVIDUAL MILK PRODUCERS SHIPPING MILK TO THIS PLANT, INCLUDING ADDRESS AND PERMIT NUMBER

**PRODUCER SECURITY TYPE**  
 (MDA must be notified 90 days prior to a change in type of producer security.)

- Certified, audited financial statement. If most recent statement has not been submitted, please submit with application.
- Bond, irrevocable letter of credit, or other security equal to the value of the greatest milk receipts that the milk plant has received within a consecutive 30-day period during that milk plant's most recent fiscal year or the value of the greatest milk receipt that the milk plant is anticipated to receive during a consecutive 30-day period within the licensing year.
- Type: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Surety Company: \_\_\_\_\_
- Prepayment Agreement (Cash Payment)
- Exempt - Reason: \_\_\_\_\_

FEE DETERMINATION (Complete the sections below which describe your operation)	NO. FARMS FROM WHICH BUYING MILK	AMOUNT
For all milk plants which are first receiving points for raw milk. This fee is in addition to the farm fees described below and must be included in the total payment when application is submitted.		<b>\$175.00</b>
For any firm which is a first receiving point for raw milk and which uses certified industry fieldpersons or purchases milk from a producer association which utilizes certified fieldpersons.		<b>\$5.00</b> EACH FARM
For any firm which is a first receiving point for raw milk and which does <b>NOT</b> utilize certified industry fieldpersons.		<b>\$15.00</b> EACH FARM

Make remittance payable to <b>State of Michigan</b> Send to: <b>MICHIGAN DEPARTMENT OF AGRICULTURE</b> P.O. Box 30017 LANSING, MI 48909	<b>TOTAL</b> <b>\$</b>
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The above information is provided for the purposes of obtaining a license under Act 266, P.A. 2001. I certify that, to the best of my knowledge, this information is true. (Signed) <b>AUTHORIZED AGENT</b>	TITLE	DATE
MICHIGAN DEPARTMENT OF AGRICULTURE - AUTHORIZED AGENT	TITLE	DATE